## S

|    | CHEDULE B (FEC<br>EMIZED DISBURS                                                                                 | •                                       | Use separate sch<br>for each category<br>Detailed Summan | y of the                 | FOR LINE NUMBER: (check only one)    X   17                                                          |  |
|----|------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------|--|
|    | for commercial purposes, of NAME OF COMMITTEE (In                                                                | ther than using the name and a<br>Full) |                                                          |                          | person for the purpose of soliciting contributions are to solicit contributions from such committee. |  |
|    | Pete Sessions for (                                                                                              | Jongress                                |                                                          |                          |                                                                                                      |  |
| Α. | Full Name (Last, First, Middle Initial)  Highland Park Village Theater  Mailing Address 32 Highland Park Village |                                         |                                                          |                          | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                    |  |
|    |                                                                                                                  |                                         |                                                          |                          |                                                                                                      |  |
|    | City State Zip Code Dallas TX 75205-2731                                                                         |                                         |                                                          |                          | Amount of Each Disbursement this Period                                                              |  |
|    | Purpose of Disbursement<br>Fundraising event expense - rental                                                    |                                         |                                                          | 003                      | 1500.00<br>Transaction ID : B7B6570FB13D54D3E8F3                                                     |  |
|    | Candidate Name                                                                                                   | ,                                       |                                                          | Category/<br>Type        | [MEMO ITEM]                                                                                          |  |
|    | State: District:                                                                                                 | ate Primary Other (s                    | General                                                  |                          |                                                                                                      |  |
| В. | Full Name (Last, First, Middle Initial)  Dickey's Pit BBQ  Mailing Address 7770 Forest Lane                      |                                         |                                                          |                          | Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                    |  |
|    | City State Zip Code                                                                                              |                                         |                                                          |                          | Associated Foots Bish associated Bish Boston                                                         |  |
|    | Dallas TX 75230-2502                                                                                             |                                         |                                                          |                          | Amount of Each Disbursement this Period                                                              |  |
|    | Purpose of Disbursement<br>Event meal expense                                                                    |                                         |                                                          | 001                      | 299.83  Transaction ID : BAFA36EC7A35744A3837                                                        |  |
|    | Candidate Name                                                                                                   |                                         |                                                          | Category/<br>Type        | [MEMO ITEM]                                                                                          |  |
|    |                                                                                                                  |                                         | General                                                  |                          |                                                                                                      |  |
| _  | State: District: Full Name (Last, First, Midd                                                                    | le Initial\                             |                                                          |                          |                                                                                                      |  |
| C. | AT&T Mobility                                                                                                    |                                         |                                                          |                          | Date of Disbursement                                                                                 |  |
|    | Mailing Address PO Box 6463                                                                                      |                                         |                                                          |                          | 08 22 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                                            |  |
|    | City State Zip Code Carol Stream IL 60197-6463                                                                   |                                         |                                                          |                          | Amount of Each Disbursement this Period                                                              |  |
|    | Purpose of Disbursement Mobile phone expense                                                                     |                                         |                                                          |                          | 403.47                                                                                               |  |
|    | Candidate Name                                                                                                   |                                         |                                                          | 001<br>Category/<br>Type | Transaction ID : BC48A833239264CC99DD [MEMO ITEM]                                                    |  |
|    | Office Sought: House Sense Pres                                                                                  |                                         | General                                                  |                          | [memo em]                                                                                            |  |
|    | State: District:                                                                                                 |                                         |                                                          |                          |                                                                                                      |  |
| s  | SUBTOTAL of Disbursements                                                                                        | This Page (optional)                    |                                                          |                          | 0.00                                                                                                 |  |

TOTAL This Period (last page this line number only).....